INTERLAKE HIGH SCHOOL BOOSTER CLUB
FUNDING REQUEST FORM

Date:_____

Sport/Activity:_____ Coach:_____
Parent Rep:_____ Phone:_____
ASB Budget Allocation:_____
Explain how your ASB allocation will be spent:_____
_____

ITEMS NEEDED (list in order of priority, attach a separate sheet if necessary):		**AMOUNT**
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
TOTAL OF ITEMS:	**$**	0
Less funds from ASB or other	**$**	_____
AMOUNT REQUESTED FROM BOOSTER CLUB	**$**	0
(Once approved, half the amount will come from team account and half from the General Fund)		

FUNDRAISING PLANS:		**AMOUNT**
_____		_____
_____		_____
_____		_____
TOTAL FUNDRAISING:	**$**	0

FUTURE NEEDS: (list in order of priority)	**AMOUNT**
_____	_____
_____	_____
_____	_____

All request forms must be completed, signed by the Coach and the Athletic Director and presented to the Board of Directors at least 3 days prior to their monthly meeting (2nd Monday of each month). The Board will review each funding request for accuracy and completion of the process. Only requests reviewed by the Board will be placed on the agenda for a vote at the general membership meeting, held the 3rd Monday of every month.

APPROVAL: _____ _____
Coach **Athletic Director**

_____
President – IHS Booster Club